Medicines Optimisation Team
NHS Northern, Eastern and Western Devon
Clinical Commissioning Group
Windsor House, Tavistock Road
Plymouth PL6 5UF
Telephone: 01752 398800

Email: D-CCG.medicinesoptimisation@nhs.net

16 August 2018

Her Majesty's Coroner for the County of Devon
Plymouth, Devon and Torbay Area
HM Coroner's Court
1 Derriford Park
Derriford Business Park
Plymouth PL6 5QZ
Stephen Covell, Assistant Coroner

Dear Mr Covell,

Re: Regulation 28 report to prevent further deaths

Ref: SC/SF/2736-17, 21 June 2018

This is the official joint response of the Devon Local Medical Committee (Devon LMC) and NHS Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) to the concerns you raised following the inquest of David Lee Gomer Travers on 24 May 2018.

Our joint response is divided into two sections:

1. Actions already completed
2. Proposed actions agreed at a meeting held on 07 August 2018

1. Actions already completed

a. Full consideration of the individual elements of this Drug Related Death (DRD) by study of the Root Cause Analysis and associated paperwork. Our first action was to gather as much information as possible to understand the full background to the DRD and the information shared at the inquest. The documents reviewed included the following:

- Livewell SW Serious Incident report (SIRI) and Appendix A ref: 2017/26811

- Livewell SW Root Cause Analysis (RCA) incident ref. no.: 82917
- Livewell SW letter to Safety Systems Team, NEW Devon CCG dated 09 February 2018
- Quality Review Template of a RCA Investigation Report, South Devon and Torbay (SDT) CCG / NEW Devon CCG
- Plymouth Herald report 24/5/18 of the inquest of David Lee Gomer Travers
- NHS Audit South West Patient Alert re: David Travers issued 23rd June 2017
- Primary Medical Care Services Special Allocation Scheme (SAS) 2018 policy and guidance (replaces former Violent Patient Scheme)

b. Agreement between Devon LMC and NEW Devon CCG to work together on a joint response to the regulation 28 report.

c. System wide meeting planned. It became clear from the outset that the concerns you raised were multi-faceted and that we would need the input of many different organisations to fully inform the process. We therefore convened a meeting of representatives from the following organisations or teams which took place on 7th August 2018:

- Medicines Optimisation Team (MOT), NEW Devon CCG
- Devon LMC Chair
- Local NHS Counter Fraud Specialists,
- Controlled Drug Accountable Officer (CDAO), NHS England South, South West
- Public Health Specialist, Plymouth City Council
- Practice Manager, Peverell Park Surgery, Plymouth
- Clinical Risk Adviser, Livewell SW
- Clinical Director of Pharmacy, University Hospitals Plymouth (UHP) / Livewell SW
- Community Forensic Team Manager, Livewell SW
- Drugs Liaison Officer (DLO), Devon and Cornwall Police
- General Practitioner, NEW Devon CCG / Ernesettle Practice, Plymouth
- Information was also received from the Safety Systems Team, NEW Devon CCG (though they were unable to attend the meeting).
- Those attending this meeting were given advanced notice to consider potential solutions to the concerns you raised, namely:

'Evidence from several witnesses indicated that Mr Travers was able to access multiple prescriptions for drugs by moving around Plymouth and the surrounding area and presenting to different GP surgeries as requiring drugs.

Evidence also indicated that Mr Travers would sell or barter prescription drugs to obtain illicit drugs.

There are apparently measures in place to raise alerts across GP surgeries and NHS Trusts to exchange information about persons who may be attempting to exploit the issuing of drug prescriptions, however given the above evidence, I am concerned that it nevertheless still too easy for persons to access multiple prescriptions. This presents a risk to those who are able to obtain and take excessive amounts of prescriptions drugs and a route by which prescription

drugs can enter an illegal drugs market.' (Taken from Coroner's report dated 21/06/18.)

d. Reflection by NEW Devon CCG MOT on the patient alert paperwork and system, including the usefulness, appropriateness of information for sharing, effectiveness and ease of use, resulting in the following action:

   Action: concerns taken to the system wide meeting held on 07/08/18.

e. Understanding the current SAS system for violent patients and if this could have helped Mr Travers.

   There are two problems associated with this: firstly the new system has only been introduced this year, the former system was more difficult to instigate and not widely used within primary care; and secondly the system does depend on patient engagement. The RCA found that Mr Travers did not engage well with any of the services he was offered. We did take the discussion on SAS to the system wide meeting however; as we thought it may be part of the solution in curtailing multiple GP registrations for a small number of patients.

f. The letter from Livewell to Safer Systems included two points, the first related directly to the concerns you have raised; however, the second point highlighted the lack of information provided by the Prison discharging Mr Travers in March 2017. There has been a further DRD this year in which a lack of salient information from the prison on discharge was implicated as a potential contributing factor. NEW Devon CCG is in negotiation with the prison provider Care UK, to improve the provision of health information to primary care for people released from prison. This will preferably be by electronic means as the prison service uses the same computer software as the majority of GP practices in Devon. This action has been added to the action tracker (see section 2) to ensure it is completed.

g. Acknowledgement that the Adastra system is available for alerting out of hours services of patients who are likely to seek drugs of divergence and for out of hours providers to record supplies in the patient's care record, although this process could be made easier to use.

h. NEW Devon CCG has a current work stream "Pain and distress management system optimisation group" where the need to provide support to GPs and other prescribers for patients with drug seeking behaviours has already been recognised.

2. Proposed actions agreed at the system wide meeting held on 07 August 2018

A wide range of views were shared at this meeting and it was agreed that there are a set of actions that can be carried out at a local level but that some of the problems can only be solved at a national level. It was recognised that any system will always have weaknesses that can be exploited by a criminal mind. Equally we recognise that a balance needs to be struck between absolute control of issue of prescriptions and the need to provide ease of access to prescribed medicines for the vast majority of genuine patients. We have

therefore made some recommendations which we think should help to improve control without reducing ease of access, but will need to be agreed.

a. Recommendations for action at a national level

i. NHS Digital is responsible for the NHS spine IT systems. Most of the recommendations in this section will need to be directed to NHS Digital for evaluation of feasibility.

ii. Mr Travers was dual registered at two Plymouth GP practices during April, May and June 2017. This meant he had two sources for his prescriptions within a short distance of each other. It was stated at our meeting that although dual registration should not happen, the NHS spine is so slow to update records that this is possible. A patient requesting registration at a GP practice who has recently registered elsewhere will not necessarily show as already registered, the system can take six weeks or longer for registration details to update. This is clearly unacceptable and allows patients to potentially manipulate the system if they are so inclined.

We recommend that registration details are immediately uploaded to the NHS spine so that attempts to register elsewhere will not be possible.

iii. Patients away from home who need medical care or prescription supplies can be prescribed up to 14 days' medicines as an emergency supply (ES) or can register with a practice as a temporary resident (TR) if they are in the area for longer than 24 hours but less than 3 months. Mr Travers managed to obtain medication from four different Cornish practices within a week in June 2017 either as ES or TR supplies. ES can be made without proof of identity or to patients without a fixed abode. Homeless patients are entitled to register with a GP using a temporary address which may be a friend's address or a day centre. The practice may also use the practice address to register them. We are therefore planning to issue local guidance about checks to be made if there is a degree of suspicion about these requests (see section 2) b)). TR registrations do not appear on the NHS spine so each practice approached in this way will not know if the patient has abused this privilege.

We recommend that TR registrations are immediately uploaded to the NHS spine to prevent multiple registrations.

iv. We discussed at length the patient alert system and its deficiencies (see part 2) b) for local actions) and also the Special Allocation Scheme (SAS) for violent patients.

We recommend that any patient alert or SAS registration should automatically be linked to the patient's record on the NHS spine so that all healthcare professionals (HCPs) are aware of this during consultations.

v. The patient's basic details are held on the NHS spine as a Summary Care Record (SCR) which can then be viewed by all HCPs authorised to do so. Patients can opt out of their details being shared on an SCR but 98% practices

are now using the system. The SCR currently includes a list of the patient's regular medicines and a date of last issue. However this only relates to issues from the patient's registered practice.

We recommend that the SCR should include details of all medication issued within an agreed time frame including any supplies issued as a TR or as an ES (if the patient's details can be accessed via the spine).

vi. Patients seeking additional supplies of prescribed medicines often use aliases and alternative addresses or dates of birth thus making them difficult to identify on the NHS spine.

We recommend patients known to be using aliases should have this information included on the SCR. We also recommend the use of a mobile phone number as an additional identifier as many patients using aliases still use a consistent mobile number.

Additionally we recommend that any attempts at dual registration and requests for ES or TR for known patients are automatically flagged to the patient's registered practice to improve communication about fraudulent activity.

Ensuring that all clinical systems are compatible with each other to allow sharing of files and information would greatly assist the process of reducing inappropriate prescribing.

b. Local actions planned for NEW Devon CCG supported by the LMC and local system partners including those represented at the meeting. These are described below and have been included within an action tracker including owner details and target completion dates.

i. **Review of the Patient Alert Scheme.** We recognise that the current scheme has some deficiencies so we recommend the following changes:

- The scheme is managed by NHS England and NHS Audit South West so we recommend these two agencies work together to agree improvements.
- These are actions that can be completed locally prior to any of the recommended improvements to the NHS IT systems being implemented.
- The current alert notification includes a considerable amount of information some of which may be highly confidential. This results in the need to make a judgement of who to send it to on the basis of need to know and compliance with data protection regulations.

We propose that the only information necessary is name (and any aliases), NHS number (if known), Date of Birth and registered practice (if known) with a very brief description of the concern e.g. "attempting to obtain additional medication" or "has been violent / threatening to staff".

We propose to investigate the feasibility of compiling a list of patients on the alert scheme along the lines of the SAS scheme with the need for each patient to remain on the list reviewed after 3 months. Each time a

new patient is added or one is removed would result in an updated list being sent electronically to all sites.

The alert list would be sent to all GP practices, hospital emergency departments / admission units, community pharmacies, minor injury units, walk in centres, private hospitals and dental practices.

- On receipt of the alert list all the above sites should ensure that the names are uploaded to the clinical system and easily accessible to authorised staff (this will form part of the guidance to practices, see below).
- If an individual on the list is identified, their registered practice (or other identified contact) must be informed and no medication should be issued.

ii. **The Special Allocation Scheme (SAS)**

- The new national scheme is to be communicated and promoted to all GP practices in NEW Devon. A police log number is an essential component of the scheme.
- We propose that an up to date list of patients on the scheme is provided to all practices and that the patient record is annotated with VP.
- Practices will need to have a system to manage the list.

iii. **Guidance on dealing with drug seeking behaviour to be produced and disseminated to GP practices and others** (some elements of this will also be applicable to hospitals, community pharmacies, MIUs, walk in centres and dental practices. These sites should be encouraged to adopt relevant parts of the guidance). The guidance should cover the following broad themes:

- Profiles of drug seeking individuals with common themes and techniques used. Newly registered patients seeking drugs of divergence should be checked against the patient alert and SAS scheme lists.
- Understanding the range of medication subject to abuse / diversion and the street values of drugs (as provided by the police). Emphasise the current excessive use of pregabalin and its leakage on to the black market.
- Strategies for resisting excess prescription requests and the support mechanisms available for prescribers.
- Ensuring there is a practice system for recording and flagging patients over-ordering, subject to patient alerts or SAS patients. Lack of NHS spine record or patients without a fixed abode should raise concerns (however note there is an obligation under GMS to register homeless patients).
- Advice on the process for flagging individuals with drug seeking behaviours to other GPs and out-of-hours providers.
- Always report lost prescriptions / drugs of dependence to the police and record the police log number.
- All prescribers within a practice (including locums) required to sign they have read the guidance.
- Peer review of prescribing rates for drugs of dependence

iv. The above guidance to be supplemented by specific protocols held by the LMC from practices which have good systems in place to be available for practices on request if they would like to employ tried and tested systems rather than designing their own.

v. Education and training to include the themes in iii) above. This to be provided at confederation meetings, to final year medical / dental / non-medical prescriber students, registrars and newly qualified GPs.

vi. Devon & Cornwall Police DLO to provide training on how to identify drug seeking behaviour and share stories from undercover work which has caused professionals to reflect on their prescribing. There was agreement that this would be best delivered face to face via GP forums, or by creating a video for sharing

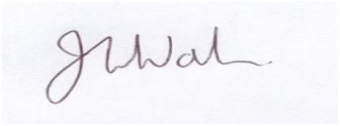
vii. Agreement that UHP will take action to ensure that the details of the medicines that a patient is discharged with is more clearly noted on the discharge summary.

We will communicate our recommendations for national action through NHS England and would value your support in promoting them nationally also.

An attendee at the meeting from Livewell Southwest, who was involved in the inquest, highlighted the positivity of holding the meeting and the importance of sharing the recommendations and plans with the family of the deceased. We kindly ask that you consider this as you find appropriate.

We trust this response satisfies the requirements of your regulation 28 report.

Yours faithfully,



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Head of Medicines Optimisation
South & West Devon,
NEW Devon and SDT CCGs

[redacted]

Chair – Devon LMC

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